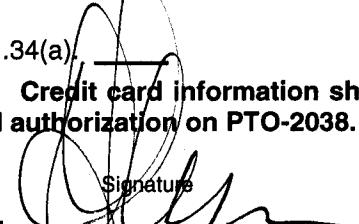


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Attorney Docket No.: 72167.000410																								
In re Application Of	Jodi BRESLIN et al.																									
Application Number	10/619,496																									
Filed	July 16, 2003																									
For	SYSTEM AND METHOD FOR MANAGING BUSINESS CONTINUITY																									
Group Art Unit	3623																									
Examiner	Andre D. Boyce																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.</p> <p>The requested extension and appropriate fee is as follows:</p> <table> <thead> <tr> <th></th> <th>Large Entity</th> <th>Small Entity</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> One Month</td> <td>\$ 130.00</td> <td>\$ 65.00</td> <td>\$130.00</td> </tr> <tr> <td><input type="checkbox"/> Two Month</td> <td>\$ 490.00</td> <td>\$ 245.00</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Three Month</td> <td>\$ 1110.00</td> <td>\$ 555.00</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Four Month</td> <td>\$1730.00</td> <td>\$ 865.00</td> <td>\$</td> </tr> <tr> <td><input type="checkbox"/> Five Month</td> <td>\$2350.00</td> <td>\$1175.00</td> <td>\$</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of _____ the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 50-0206. A duplicate of this sheet is attached. </p> <p>I am the</p> <ul style="list-style-type: none"> <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96); <input checked="" type="checkbox"/> attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>10/14/08</u> Date</p> <p> Signature</p> <p>Ozzie A. Farres Typed or Printed Name Registration No.: 43,606 Registration Number (if applicable)</p> <p>Note: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> *Total of <u>1</u> form(s) is/are submitted.</p>				Large Entity	Small Entity	Amount	<input checked="" type="checkbox"/> One Month	\$ 130.00	\$ 65.00	\$130.00	<input type="checkbox"/> Two Month	\$ 490.00	\$ 245.00	\$	<input type="checkbox"/> Three Month	\$ 1110.00	\$ 555.00	\$	<input type="checkbox"/> Four Month	\$1730.00	\$ 865.00	\$	<input type="checkbox"/> Five Month	\$2350.00	\$1175.00	\$
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